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CONFIRMATION NO. 6045

<b>SERIAL NUMBER</b> 10/659,782	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 28238	
<b>APPLICANTS</b> Liat Mintz, East Brunswick, NJ;					
** CONTINUING DATA ***** NONE <i>gd</i>					
** FOREIGN APPLICATIONS ***** NONE <i>gd</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/24/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged <i>gd</i> Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> 26691 <i>gd</i>					
<b>TITLE</b> Ghrelin variant protein <i>gd</i>					
<del>Compositions, reagents and kits for and methods of diagnosing, monitoring and treating obesity and/or diabetes.</del>					
<b>FILING FEE RECEIVED</b> 998	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		